SCHEDULE A (Form 990)

Department of the Treasury

Organization Exempt Under 5(c)(3)
[Except Private Foundation], 501(e), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust Supplementary Information

Attach to Form 990 (of Form 990EZ).

OMB No. 1545-0847

Employer identification number 95-3553530

| ONAL MINORITI IE | LEVISION, INC. | | | <u> </u> | <i>r</i> | | | |
|---|---|---|---------------------------------|------------------------------------|--|------|--|--|
| | e Five Highest Paid Emp ctions:) (List each one. If there | | Officers, Directors | , and Trus | stees | | | |
| Name and address of employees paid (b) Title and average hours. | | (d) Contributions to employee benefit plans | | Expense account a other allowances | | | | |
| J MCCLELLAN P O BOX | MANAGER | | | | | | | |
| 726, GRESHAM, OREGON | 40+ | 42,218. | 0. | | | Ο. | | |
| M FOUNTAIN, 400 S.E. | CHIEF ENGINEER | | | | | | | |
| 169TH, PORTLAND, OR | 40+ | 37,747. | 0. | | | ~C., | | |
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| | | | | | | | | |
| | | | | | льтра о | | | |
| Fotal number of other employees paid | | | | | | | | |
| wer \$30,000 | 0 | | 10 : | | | | | |
| | e Five Highest Paid Pers ctions.) (List each one. If there | | nal Services | | | | | |
| | | | | | (c) Compensation | | | |
| | | | | | | | | |
| None | | | 1 | | • | | | |
| | | ······································ | | | | | | |
| 7 | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 1994 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total number of others receiving over | _ | | | | | | | |
| 30,000 for professional services | 0 | | | | | | | |
| Part III Statement About Ac | tivities | | | | Yes | No | | |
| During the year, have you attempted to | influence national, state, or local le | gislation, including any atten | npt to influence public opinion | 1 | | | | |
| on a legislative matter or referendum? | | | | 1_ | | Х | | |
| 1f "Yes," enter the total expenses paid or incurred in connection with the legislative activites. \$ | | | | | | | | |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. For other | | | | | | | | |
| organizations checking "Yes," attach a statement giving a detailed description of the legislative activities AND | | | | | | | | |
| either complete Part VI-B or attach a classified schedule of the expenses paid or incurred. | | | | | | | | |
| Ouring the year, have you, either direct | | | | er, | | | | |
| or creator of your organization, or any other taxable organization or corporation with which such person is affiliated as an officer, | | | | | | | | |
| director, trustee, majority owner, or pr | , | | | | | | | |
| a Sale, exchange, or leasing of property? | | | | - 1 | | X | | |
| b Lending of money or other extension of | credit? | ••••• | | 2b 2c | | X | | |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | | | | | | | |
| | | | | 1 | | X | | |
| ter of any part of your income or assets? | | | | | | | | |
| | attach a detailed statement explaini | ing the transactions. | | | | v | | |
| s make grants for scholarships, for | **** | | | 3 | <u> </u> | X | | |
| Attach a statement explaining how you | | | ens from you in furtherance o | I | A CONTROL OF THE PROPERTY OF T | | | |
| our charitable programs qualify to reco | sive payments. ISEE Specific instruc | cuons.) | | | | | | |

. For Paperwork Reduction Act Notice, see page 1 of the instructions to Form 990 (or Form 990EZ).

0.03

governmental unit or publicly supported organization) whose total gifts for 1987 through 1990 exceeded the amount shown

in line 26a. Enter the sum of all excess amounts here

| | Y TELFVISION, IN | IC. | 95-3 | 553530 | l. | |
|--|---|--|---|--|--|----------|
| ule A (Form 990) 1991 | | | | | <u> </u> | ag |
| Support Sche | edule (continued) (Complete o | inly if you checked box 10, 11, | or 12 on page 2.1 | | | : |
| Ygugizations described in b | | | | | | |
| | own on lines 15, 16, and 17, showi | ng the name of, and total amounts | received in each year from, each | disqualified | person | ۳,۳ |
| d enter the sum of such a | | | hoom | | - | ٠,٠ |
| / (1990) | (1989) | (1988) | (1987) | | | <u>.</u> |
| Ass. 4 . Fra. 4 | 187 through 1990, the name and am | | nacran lather than "disqualitied no | | | |
| | during that year than the larger of: | | | | | |
| - | as individuals. Enter the sum of the | | | | 064 #1 | ı |
| (1990) | (1989) | (1988) | (1987) | | | |
| | | - | | | | |
| | d in box 10, 11, or 12, page 2, that | | | | | |
| | owing the name of the contributor, | | , and a brief description of the nati | ire of the gra | art. Do | no |
| | 15 above. (See specific instructions | <u>s.) </u> | | | | _ |
| | ol Questionnaire leted ONLY by schools | that checked box 6 in l | Part IV) | N/ | Δ | |
| (10 be comp. | eted ofter by demons | that oncored box o m. | , | | | Γ |
| No you have a racially noodis | criminatory policy toward students | s by statement in your charter, by | laws, other governing instrument. | | Yes | ı |
| or in a resolution of your gov | | , ay amount on your orm tory oy. | | 29 | | t |
| • = | f your racially nondiscriminatory p | olicy toward students in all your l | prochures, catalogues, and other | | | |
| • | h the public dealing with student ad | • | | 30 | | Ī |
| | ially nondiscriminatory policy throu | • • • | *************************************** | | | |
| | egistration period if you have no so | - · · · · · · · · · · · · · · · · · · · | • | | | |
| parts of the general commun | | | | 31 | | Γ |
| | "No," please explain. (If you need | I more space, attach a separate st | atement) | | | |
| | | · | | | | |
| | | | | | | |
| | | | | =================================== | | |
| | | | | | | |
| you maintain the followin | ā : | | | | | 撞 |
| Records indicating the racial | composition of the student body, I | laculty, and administrative staff? | | 32a | | 1 |
| <u> </u> | cholarships and other financial assis | stance are awarded on a racially | | | | |
| nondiscriminatory basis? | | | | 326 | | ↓ |
| · · | chures, announcements, and other | written communications to the pu | blic dealing with student | , | | l |
| admissions, programs, and so | | *************************************** | | 32c | | ╀ |
| | y you or on your behalf to solicit o | | | 324 | | |
| If you answered "No" to any | of the above, please explain. (If y | ou need more space, attach a sepa | arate statement.) | | | I |
| , | | | <u> </u> | | | |
| 0 | | | | | | I |
| Do you discriminate by race | | | | 332 | | F |
| Students rights or privilege: | s? | ······································ | | 33b | | ╀ |
| Manussions bouciesi | | | | | | ╁ |
| Employment or racing or ac- | ministrative staff? | | | 334 | - | + |
| Scholarships of Julier Thialics | ial assistance? | | | 33€ | | 1 |
| 44 A A 197a7 2 | | | • | 1 224 | | 1 |
| | | | | | - | t |
| Other extracurricular activiti | ies? | | | 33h | 1 | + |
| | y of the above, please explain. (If y | vou need more space, attach a sec | | | | 1 |
| II A OLI SIL PINCI CO I EZ TO SIL. | | , | | and the second state of th | | |
| is And suramered 162 fo sur | | | | | 155 | 1 |
| it And mizmeted 162 fo mi | | | | | | 1 |
| II you answered TES to an | | | | | | |
| | aid or assistance from a governme | ntal agency? | | 344 | | ALC: NO. |

1975-2 C.B.587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the activities.

| 7 70 | Gain (Loss) F | rom Sale of | Other Asse | ets | Schedule | 1 |
|------------------------------|---|----------------|--------------------|---------------------|------------------------|-----------|
| tion | | Da Acqu | | ite Met old Acqu | hod ired | |
| NSMITTER EQUIPMEN | r | | 04/0 | 5/91 PURC | HASED | |
| e of Buyer | Gross Sales Price O | Cost or | Expense of Sale | Deprec | Net Gai or (Los | |
| ME TIME LISTIAN BROAD | 650,000. | 547,667. | 0. | 89,149 | . 191,4 | 482. |
| Form 990, Line 8 | 650,000. | 547,667. | 0. | 89,149 ======= | . 191,4 | 482. |
| 20 990 ot | her Changes in | Net Assets | or Fund Ba | lances | ======= Schedule | ==== 2 |
| cription | | | | | Amount | ==== |
| OR YEAR ADJUSTMENT | T-AMORTIZATION | BROADCAST | LICENSE | - | <13,0 | 000. |
| :al to Form 990, L | ine 20 | | | - | <13,0 | 000. |
| # | ======================================= | | | = ========== | ~======== ========= | ==== |
| <u> </u> | 0 | ther Expense | es | | Schedule | 3 |
| | (A) | (B) Prograi | | (C) agement | (D) | |
| cription | Total | Service | | General | Fundraisi | ing |
| ROLL INSURANCE | 13,347 | | ,951. | 4,396. | | 0. |
| :C. PAYROLL :ET INSURANCE | 2,940 <5,630 | | 0. 0. | 2,940. <5,630.> | | 0. |
| :RATING EXPENSE - | <5,030 | • / | 0. | (3,030.> | | 0. |
| V. | 1,155 | • | 0. | 1,155. | | 0. |
|)EO TAPES | 1,286 | • | 0. | 1,286. | | 0. |
| 'AIRS & INTENANCE - | | | | | | |
| LDING | 36,059 | _ | 320. | 35,739. | | 0. |
| DEBTS | 105,929 | | ,929. | 0. | | 0. |
| FESSIONAL | | | | | | |
| VICES | 264,402 | | ,932. | 254,470. | | 0. |
| INISTRATION FEE S, PERMITS & | 15,470 | • | 0. | 15,470. | | 0. |
| ENSES | 2,220 | _ | 925. | 1,295. | | 0. |
| ERTISING | 2,169 | | 74. | 2,095. | | 0. |
| CELLANEOUS | 2,535 | | 0. | 2,535. | | 0. |
| PTTATION EXPENSE | 13,000 | | ,000. | 0. | | 0. |
| PRODUCTION | <255 | | <255.> | 0. | | 0. |
| | 0 | | 0. | 0. | | 0. |
| 990, Line 43 | | | | | | |

| | TIBLE VI ON, INC. | | | |
|-------------------------------|-----------------------------------|------------------|---|-------------|
| | Other Notes and Lo | | ed Separately | Schedule 4 |
| FROM TRINITY ADCASTING - A 5 | Terms of R | | | |
| e of Maturity ote Date | Original Loan Amount | Interest Rate | FMV of Consideration | |
| | 0. | .00% | 0. | |
| urity Provided | by Borrower Purp | ose of Loa | in | |
| ationship of Bo | Description prrower Considerat | | Doubtful Acct Allowance | Balance Due |
| | | | 0. | 2,905,105 |
| rower's Name | Terms of Re | epayment | | |
| Date | | Rate .00% | Consideration | |
| irity Provided | by Borrower Purpe | ose of Loa | in - | |
| ationship of Bo | Description | | Doubtful Acct Allowance | Balance Due |
| | | | 0. | 650,000 |
| als to Form 990 | , Line 51 | | | 3,555,105 |
| a 990 | Othe | er Assets | ======================================= | Schedule 5 |
| cription | | | . = = = = = = = = = = = = = = = = = = = | Amount |
| ADCASTING LICEN J TY DEPOSITS | SE | | | 494,000 |
| EJ Form 990, | Line 58, Column B | | | 499,000 |
| | | | | = |

| | | ======= | ======= | === | |
|---|--------------------------|--------------|-------------|-------------|--|
| ry ^90 Othe | er Liabilities | S- | chedule | 6 | |
| tion | | | Amount | | |
| NCES FROM 501(C)3 AFFILIATES | | | 6,994,247 | | |
| tal to Form 990, Line 65, Column | В | == | 6,994, | 247 | |
| rm 990 Identification | of Related Organizations | ======= S | chedule | === 7 | |
| me of Organization | | Exempt | NonExe | === mpt | |
| INITY BROADCASTING OF FLORIDA, IN FEIN 59-1991004 | IC. | x | | | |
| INITY BROADCASTING OF WASHINGTON, FEIN 91-0996619 | INC. | X | | | |
| INITY CHRISTIAN CENTER OF SANTA A FEIN 95-2844062 | ANA, INC. | x | | | |
| INITY BROADCASTING OF INDIANA, IN FEIN 31-1016441 | ic. | x | | | |
| CNITY BROADCASTING OF NEW YORK, 1 FEIN 14-1631995 | INC. | x | | | |
| INITY BROADCASTING OF DENVER, INC FEIN 84-0736095 | 2. | X | | | |
| <pre>INTTY BROADCASTING OF TEXAS, INC. 7 74-1945661</pre> | | X | | | |
| The BROADCASTING OF ARIZONA, IN | IC. | Х | | | |
| BROADCASTING OF OKLAHOMA, 3 LIN 73-1011191 | INC. | x | | | |
| INITY TOWERS, INC. FEIN 59-1936576 | · . | | Х | | |
| ANCK TECHNICAL SERVICES, INC. PEIN 33-0318404 | | | X | | |
| "IONAL MINORITY TELEVISION, INC. "EIN 95-3553530 | | Х | | | |
| MUNITY EDUCATIONAL TELEVISION, 3 PEIN 33-0046339 | INC. | Х | | | |
| FILMS, INC. EIN 33-0399138 | * | X | | | |
| TE ROCECC LECAL ACETON COUNCIL | THE | v | | | |

Footnotes

SCHEDULE (USE OF OTHER ACCOUNTING METHOD)

TV', LINES 15-26

'EIN 52-1633643

'EIN 65-0016363

'EIN 95-7094578

AL BASIS OF ACCOUNTING USED BECAUSE IT LY RESEMBLES CASH METHOD OF ACCOUNTING.

BLE ACCESS LEGAL ACTION COUNCIL, INC.

:KSONVILLE EDUCATORS BROADCASTING, INC.

INITY CHRISTIAN CENTER OF SAN MARCOS, INC.

Schedule

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95-3553530 NATIONAL MINORITY TELEVISION, INC

FEDERAL TAX EXEMPT ORGANIZATION STATEMENTS - YEAR ENDING 12/31/91

| DEPRECIATION | • | | • | | - |
|--------------------------|-----------|---------|--------------|--------------|-----------|
| PART II, LINE 42 | 12/31/91 | | 12/31/91 | 12/31/91 | 12/31/91 |
| | COST | LIFE/ | CURRENT | ACCUMULATED | BOCK |
| ASSET | BASIS | METHOD | DEPRECIATION | DEPRECIATION | VALUE |
| LAND | 22,000 | N/A | 0 | 0 | 22,000 |
| BUILDING AND L/H IMPROV. | 1,271,613 | SL/45 | 20,963 | 54,560 | 1,217,053 |
| EQUIPMENT & STUDIO SETS | 2,777,473 | SL/20,8 | 164,557 | 288,555 | 2,488,918 |
| FURNITURE & FIXTURES | 11,013 | SL/10 | 1,016 | 2,415 | 8,598 |
| TOWER & ANTENNA | 122,383 | SL/8 | o | 38,199 | 84,184 |
| TOTAL FIXED ASSETS | 4,204,482 | • | 186,536 | 383,729 | 3,820,753 |
| DEPRECIATION ALLOCATION | | | | | |
| PROGRAM SERVICES | | | 103,263 | | |
| MANAGEMENT & GENERAL | | | 83,273 | | |
| TOTAL | | | 186,536 | | |
| | | | ======= | | |

MM B E X 399

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Paul F. Crouch
Presidens and Founder

Norman G. Juggent General Counsel

Colby M. May Communications Counsel

Jay A. Sekulow Chief Litigation Counsel

MEMORANDUM

TO:

The Board of Directors National Minority TV, Inc. 432 Northeast 74th Street Portland, Oregon 97213

FROM:

Trinity Broadcasting Network

DATE:

July 31, 1992

RE:

Supplemental Letter Agreement Regarding Monthly Withholdings to be Attributed Towards Annual Note Repayments

This memorandum is intended to confirm the understanding between the Trinity Broadcasting Network and National Minority TV, Inc. (NMTV) regarding repayment of the following promissory notes:

Date of Note

Face Amount of Note

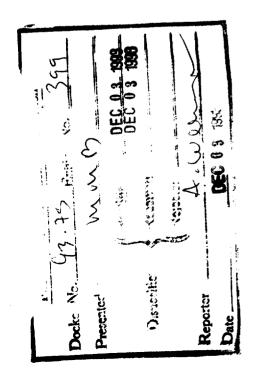
July 31, 1992

\$4,030,442.47

Each of the above notes requires that NMTV make annual payments, with any balance of principle and interest to balloon upon the maturity date of the note. To help NMTV, and to simplify matters, beginning August 1, 1992 Trinity will begin to withhold, on a monthly basis, 10 percent of all revenues generated on behalf of NMTV in accordance with its Affiliation Agreements for KNMT, Portland, Oregon. This 10 percent withholding by Trinity will be in addition to the 20 percent currently withheld as payment to Trinity for its programming and services under the Affiliation Agreement.

The additional 10 percent withholding will be aggregated annually, and at the end of the year if the amounts withheld by Trinity on behalf of NMTV exceed NMTV's annual payment 'igations under the notes referenced above, then the surplus will be used to prepay a lion of the then outstanding principle balance. Should the monthly withholdings not be satisficient to cover the annual payments under the notes, then NMTV will be responsible to take up the difference.

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order to memorialize this supplemental understanding, and to confirm these procedures, finity will need to have a copy of this memorandum signed and dated by an authorized representative of NMTV, and returned for inclusion in our permanent files.

Sincerely,

Terrence M. Hickey

Assistant Secretary,

Trinity Broadcasting Network

Read and agreed this $\frac{3!}{2!}$ day of $\frac{7!}{2!}$, 1992.

By: Authorized Officer or Director of

National Minority TV, Inc.